TESTIMONY

BEFORE THE HUMAN SERVICES COMMITTEE

S.B. 30 AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES

March 1, 2012

Senator Musto, Representative Tercyak and members of the Human Services Committee, my name is Kimberly Skehan and I am Director of Home Care & Hospice Services for Healthcare Management Solutions, Inc. which provides consultation and billing services to many Connecticut home care agencies. I am also the Policy Committee Chair and a Board Member of the Connecticut Association for Home Care & Hospice. I am a Registered Nurse with twenty five years of home care experience.

I am testifying today to **oppose** the language in SB 30 Section 14 which proposes a 10% rate reduction in medication administration visits. These visits are already reduced from the registered nurse assessment rate and most of the time the nurse is providing skilled services above and beyond the physical task of administering the medications. Particularly with the behavioral health population, a registered nurse is necessary to assess the client's ability to be able to take the medications on that given day, along with any additional assessment findings and follow up that may be necessary. Reducing this rate even more than is already in place will further demean this position and likely make it next to impossible to find nurses or agencies who are able or willing to provide this service when skilled nurses are necessary (for example injections). This will put clients at risk.

I concur with the CT Association for Home Care & Hospice (CAHCH) and other home care providers in **tentative support** of a well thought out approach to personal care assistants or home health aides administering medications in specific situations with defined training and oversight, particularly for the Money Follows the Person rebalancing initiative. However, this does not eliminate the need for a registered nurse to assess the client to insure appropriate medication management.

In accordance with the Connecticut Nurse Practice Act and the Connecticut Public Health Code, services provided by a home health aide must be delegated by a registered nurse after the nurse has assessed all factors pertinent to the patient's safety including the competence of the home health aide, and determined that this activity can be safely delegated to a home health aide. The nurse must reserve the right to determine if

delegation can occur based on the individual client situation.

Our home health care agency nurses perform vital, skilled services to a very fragile client population. Allowing home health aides or personal care assistants to make home visits to perform these tasks, especially to the behavioral health client population would place them in a position of making a judgment as to whether or not a medication needs to be administered. This is considered assessment, which requires the skills of a licensed nurse or other qualified professional to make this determination. This is outside the scope of practice and training for home health aides and personal care assistants.

The implementation of this important change should not be taken lightly. If approved, there should be a requirement that the State of Connecticut Department of Social Services (DSS) work in conjunction with State of Connecticut Department of Public Health (DPH) and home care providers through the CT Association for Home Care & Hospice as well as Value Options and Community Health Network to develop a comprehensive client screening and assessment process to insure that the client receives appropriate skilled nursing care. This group should also insure the development of appropriate training and oversight to insure that unlicensed caregivers can perform these tasks safely under certain circumstances.

In closing, I have submitted a few examples that I will share with you with permission from my home care clients who provide not only medical home care but also psychiatric nursing services. These examples outline the significant importance of skilled nurses to oversee medication administration and assess the client's response to medications. These examples highlight the fact that the State of Connecticut will pay one way or another, either in client or community safety, or in costs for hospitalization due to complications or incarceration due to criminal activity. It makes the most sense to utilize the skills and judgment of a registered nurse to prevent these types of occurrences and safely meet the client's needs. Here are the examples:

- A psychiatric client had reduced visits for medication administration, despite the request from the registered nurse to authorize additional visits based on the client's declining condition. The visits were not approved as they were not seen as reasonable and necessary, and the client ended up being noncompliant with taking his medications, was discharged from service and sexually assaulted a 10 year old girl.

- A registered nurse identified significant medication errors resulting from the pharmacy incorrectly filling the medication boxes for the client. Regular insulin had been provided for the patient instead of NPH insulin. The client was taking high doses of this insulin and this error, if undetected by the registered nurse, would likely have resulted in the client's death.

- Another medication error with the pharmacy involved the prescription medication Trazadone being incorrectly distributed to a client. The registered nurse, with an understanding of the medications, knew that this dosage was incorrect and held

the medication pending contact with the physician. If a personal care assistant or home health aide had been giving this medication as ordered, without the assessment skills and knowledge of medications, the client would have likely been hospitalized or even died.

- A psychiatric client's nursing visit frequency was reduced from daily medication administration to every other week injection based on a medication change from the client's physician in conjunction with the authorizing payor, again despite the request from the agency that the registered nurse continue to visit to assess the client's status. The client's status declined in between the two week period, resulting in exacerbation of the client's psychiatric illness. The client physically assaulted a citizen and is now incarcerated. Either way the state is paying, so why not pay to keep the client home and the communities safe where these services are appropriate and necessary?

Thank you for consideration of this testimony. I will be pleased to answer any questions you may have.

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